AT & IRAP nrk Reduction Act of 1995, on necessar are required to re Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMIT** For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 120

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	Complete if Known
Application Number	09/838,787
Filing Date	04/20/2001
First Named Inventor	Brian Lee Badger
Examiner Name	Fisher, Michael J.
Art Unit	3629
Attorney Docket No.	20-LC-4068 (304)

				<u> </u>	Morney Docke		LC-4000 (30	~)	
	METHOD OF PAYMENT	(check all	that apply)			-			
	Check Credit Card Money Order None Other (please identify):								
	Deposit Account Deposit Account Number: 07-0846 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
									-
Charge any additional (co/s) as under suppose of facts)							or ion are uning	168	
	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
	FEE CALCULATION								
	1. BASIC FILING, SEAR			FEES					
		FILING	FEES mall Entity	SEARC			TION FEES		
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	imall Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		_
	Plant	200	100	300	150	160	80		_
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		_
	2. EXCESS CLAIM FEE	S			_	_	•	Smal	_ Entity
	Fee Description Each claim over 20 or, fo	- Daisausa	aaah alaim a	- 20 1				Fee (\$) Fe	e (\$)
	Each independent claim of	ver3 or for	r Reissues each	i 20 and m Lindenend	lore man in u lent claim m	ne original pi ore than in th	atent se original pate	50 nt 200 1	25 100
	Multiple dependent claim	Standar A	9838787	. mooponi	win Claim III	ore diam in d	ic Original pate		80
	1/13/EUD Total Charins Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
01 FC:12	126066 HRF126066 HRF	laime naid for	X	<u> </u>		Fee (\$)	Fee Palo	<u>l (\$)</u>	
❽		xtra Claim		Fee Pai	d (\$)				
	-3 or HP =		_x	•					
	HP = highest number of indepe		peid for, if greater the	an 3					
	3. APPLICATION SIZE I If the specification and		xceed 100 sheet	s of nane	the applicat	ion size fee	due is \$250 /\$1	26 for small a	
	for each additional	0 sheets of	r fraction thereo	f. See 35	, aic applical U.S.C. 41(a)	(1)(G) and 3	7 CFR 1.16(s)	23 for sitialite	nuty)
	<u>Total Sheets</u>	Extra Shee	<u>ts Numbe</u>	r of each a	dditional 50 c	r fraction the	reof Fee (\$)		(\$)
	- 100 =		/ 50 =	(ound up to a v	vhole number)) ×	•	
	4. OTHER FEE(S)							Fees Pa	id (\$)
	Non-English Specific		30 fee (no small	entity dis	count)				
	Other: 1 month ex	tension						120.0	0

SUBMITTED BY			
Signature	Law Mare	Registration No. 34,865	Telephone 407-926-7704
Name (Print/Type)	David G. Maire		Date 3/18/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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